

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	10/009 990	FILING DATE
APPLICANT(S)		

CLAIMS										
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.				
1	1		1				51			
2		1		1			52			
3		1					53			
4		1		1			54			
5		4		1			55			
6	1	1					56			
7	1	1		1			57			
8	1	1		1			58			
9	1	1		1			59			
10	1	1		1			60			
11	1	1		1			61			
12		1					62			
13	1	1					63			
14	1	1					64			
15	1	1					65			
16	1	1		1			66			
17		1		1			67			
18	2	1		1			68			
19	1	1		1			69			
20	1	1					70			
21	1	1					71			
22							72			
23							73			
24							74			
25							75			
26							76			
27							77			
28							78			
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35							85			
36							86			
37							87			
38							88			
39							89			
40							90			
41							91			
42							92			
43							93			
44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
TOTAL IND.			2				TOTAL IND.			
TOTAL DEP.			17				TOTAL DEP.			
TOTAL CLAIMS			19				TOTAL CLAIMS			